### **APPLICATION DATA SHEET**

#### **APPLICATION INFORMATION**

**Application Number::** 

Filing Date::

Application Type::

Subject Matter::

CD-ROM or CD-R?::

Title::

Attorney Docket Number::

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Petition Included?::

Petition Type::

Secrecy Order in Parent Appl.?::

Regular

Utility

None

Disposable Menstrual Undergarment 26437.02

N.I.-

No

No 1

2

No

No

No

#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

**Primary Citizenship** 

Country:: US

Status:: Full Capacity

Given Name:: Leigh M.

Family Name:: Krieps

Name Suffix::

City of Residence:: Knoxville

State or Province of Residence:: TN

Country of Residence:: US

Street of mailing address:: 10512 River Ridge Drive

City of mailing address:: Knoxville

State or Province of mailing address:: TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37922

Applicant Authority Type::

Inventor

**Primary Citizenship** 

Country::

US

Status::

Given Name::

Manya H.

**Full Capacity** 

Family Name::

**Pirkle** 

Name Suffix::

City of Residence::

Knoxville

State or Province of Residence::

TN

Country of Residence::

US

Street of mailing address::

12312 Bluff Shore Drive

City of mailing address::

Knoxville

State or Province of mailing address::

TN

Country of mailing address::

Postal or Zip Code of mailing address:: 37922

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::

22465

Phone number::

865-584-0105

Fax Number::

865-584-0104

E-Mail address::

kenhoff@pitts-brittian.com

## REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	

# DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/145,997	05/15/2002
10/145,997	Continuation-in-part of	09/895,750	06/29/2001

# FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::	
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